

PREVENTING CHRONIC DISEASE STRATEGIC PLAN 2013–2016



CANADIANS LIVING HEALTHIER AND MORE PRODUCTIVE LIVES



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP,
INNOVATION AND ACTION IN PUBLIC HEALTH.**

—Public Health Agency of Canada

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MESSAGE FROM THE DIRECTOR GENERAL

I am pleased to present the *Preventing Chronic Disease Strategic Plan 2013–2016*, which sets out our role in addressing the significant and increasingly challenging threats posed by chronic disease and injuries in Canada and around the world.

OUR VISION

Canadians living healthier and more productive lives

OUR MISSION

Take leadership to mobilize multi-sectoral action on healthy living and the prevention of chronic disease and injuries

Few Canadians are untouched by chronic disease or injuries. Three in five Canadians over the age of twenty live with a chronic disease and four in five are at risk¹. Overweight and obesity are prevalent among children and adults and are driving rates of chronic disease. There is also substantial concern about the chronic disease impact on the sustainability of the health care system. Knowing that much of this challenge could be avoided, the Centre for Chronic Disease Prevention set out its “*Scaling Up Prevention*” approach in 2010, and this remains highly relevant. At the same time, we will only achieve success if we continue to transform our organization, improve our ability to demonstrate results, take innovative and evidence-based action and be a supportive and desirable workplace.

Over the last several years, we were guided by our policy authorities, mainly the *Integrated Strategy on Healthy Living and Chronic Disease*. As we carried out this work, we consulted extensively within the Centre

and carefully considered where we have a unique federal leadership role and where we can complement others’ work, including within the Health Portfolio. In 2012, several major initiatives were carried out that provided the foundation for us to complete this Plan. The Agency reconsidered its key directions, program objectives and performance measures to better respond to public health risks to Canadians. In addition, organizational changes in the Health Promotion and Chronic Disease Prevention Branch confirmed our Centre’s roles in surveillance, healthy living and chronic disease prevention and health information and best-practices. Against this backdrop, in the Fall of 2012, the Centre put in place the “100 Day Roadmap”, through which we focussed on confirming our role within this broader context, identifying our priorities for the coming years and developing ways to work in more integrated, engaged and effective ways.

Over the next three years, we will focus on five strategic priorities that are critical to the success of our organization and to fulfilling our authorities, including a continued dynamic international leadership role. We will assess our progress on these priorities and make course corrections to help the Centre effectively deliver its mission. Working collaboratively with partners within the Agency, the Health Portfolio, and beyond, we will produce and share the highest quality knowledge and evidence to support Canadians living healthier and more productive lives.

KIMBERLY ELMSLIE

Director General
Centre for Chronic Disease Prevention
Public Health Agency of Canada

1. DRIVERS AND CONTEXT

1.1 CHRONIC DISEASE AND INJURY: PUBLIC HEALTH CHALLENGES

Chronic diseases, also known as non-communicable diseases, are an increasing global epidemic. Chronic diseases kill 36 million people per year, based on World Health Organization statistics² and are the leading cause of death globally. In Canada, 67% of all deaths per year are caused by four major chronic diseases: cancer, diabetes, cardiovascular and chronic respiratory diseases³. Three out of five Canadians aged 20 and older have a chronic disease and four out of five people are at risk. More Canadian adults of working age (34–64) are living with chronic diseases that affect their health and wellbeing⁴.

Common Risk Factors for Chronic Disease

Overweight/Obesity

- 1 in 3 children and youth is overweight or obese
- Over 1 in 4 adults are obese

Unhealthy eating

- 3 in 5 people are not eating enough fruits and vegetables daily^a

Physical inactivity

- 1 in 2 adults are not physically active in their leisure time^b
- 9 in 10 children do not meet Canada's Physical Activity Guidelines^c

Smoking

- 1 out of 5 people smoke daily or occasionally^d

Alcohol

- 1 in 7 people, aged 15 and older, exceed low risk drinking guidelines^e

Although seniors are living longer and are healthier than previous generations, with increasing age, their potential to experience multiple chronic conditions increases⁵. The chronic disease burden can also be felt disproportionately among some vulnerable populations. For example, diabetes is one of the fastest growing diseases among Aboriginal populations in Canada⁶.

Risk factors, along with an aging population, are driving this chronic disease challenge. Some risks are modifiable, such as tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. These four risks are also shared among the major chronic diseases (cancer, diabetes, cardiovascular and chronic respiratory diseases)⁷.

Chronic disease risks are also influenced by social and economic conditions (e.g. level of education, income, occupation), environment (e.g. air quality), culture (e.g. practices, norms and values) and urbanization (e.g. housing, access to products and services).

Obesity is a key driver of chronic disease in Canada: one-in-three children is overweight or obese⁸ and over one in four adults are obese⁹. Childhood obesity has both immediate and long-term negative health outcomes, and is strongly linked to various chronic conditions, including hypertension, type 2 diabetes, heart disease, gallbladder disease, stroke, and certain types of cancer, including post-menopausal breast and colon cancer¹⁰. In addition, serious mental illness, notably depression and anxiety disorders, can lead to an increased risk for developing chronic diseases and, conversely, people with chronic diseases are significantly more likely to experience mental health problems, such as depression¹¹.

The relationship between chronic disease and infectious disease is increasingly important. Some infectious diseases [e.g. Human Immunodeficiency Virus (HIV)] are now being managed as chronic conditions¹². Others are risk factors for chronic disease (e.g. Hepatitis C and liver cancer) and some chronic conditions have an infectious cause [Human Papillomavirus (HPV) and cervical cancer¹³]. We also know that some chronic diseases are associated with higher risk of infectious disease (e.g. diabetes increases the risk of acquiring tuberculosis)¹⁴.

The total economic burden of disease and injury in Canada is substantial. In 2000, six major chronic diseases (cardiovascular diseases, chronic respiratory diseases, cancer, mental illness, digestive and musculoskeletal diseases) represented \$31 billion in direct healthcare costs and \$64 billion in indirect costs related to lost productivity¹⁵.

In 2004, injuries (intentional and unintentional combined) were the leading cause of death for Canadians age 1–44 (excluding adverse events in medical care)¹⁶. According to SMARTRISK, the total economic burden of injury in Canada in 2004 was \$19.8 billion, including \$10.7 billion in direct costs related to health care expenditures and \$9.1 billion in indirect costs associated with reduced productivity from hospitalization, disability and premature death¹⁷.

1.2 FEDERAL TRANSFORMATION AND THE PUBLIC HEALTH AGENCY OF CANADA

The year 2012 marked an important period of transformation for the federal government. Budget 2012 decisions required expenditure reductions, as well as measures to improve the efficiency and effectiveness of government operations and programs. As noted by the Clerk of the Privy Council, in the coming years, federal departments will need to adopt innovative ways of delivering on their core business responsibilities, work collaboratively across their organizations and beyond, streamline processes, take advantage of new technologies and provide Canadians with better services at a lower cost¹⁸.

In this context, the Public Health Agency of Canada launched a transformation agenda to improve cohesion and integration between program areas, align priorities within the Agency and build a more efficient and effective organization. These initiatives include a stronger and more streamlined governance structure to develop strategic advice and recommendations that inform senior management decision-making. In addition, a values and ethics foundation has been established, through the adoption in 2012 of the *PHAC Values and Ethics Code*.

To achieve its vision of *Healthy Canadians and Communities in a Healthier World*, the Agency has identified its strategic directions as follows: strengthened public health capacity and science leadership (including surveillance); enhanced public health security; excellence and innovation in management; and a national leadership role in health promotion and disease prevention.

2. OUR ORGANIZATION, OUR STRATEGIC PRIORITIES AND OUR APPROACH

2.1 WHO WE ARE

Created in 2004, the Public Health Agency of Canada is one of five Departments and Agencies in the federal Health Portfolio. Recognizing the shared responsibility with provinces and territories for public health, the Agency works to build an effective public health system that enables Canadians to achieve better health and well-being in their daily lives by promoting good health, helping to prevent chronic diseases and injuries, as well as protecting Canadians from infectious diseases and other threats to their health.

In order to gather the evidence needed for promoting and protecting health, the Agency works closely with other federal departments and agencies, such as Health Portfolio partners (including Health Canada and the Canadian Institutes of Health Research), Statistics Canada and the Canadian Institute for Health Information. Strong relationships with these partners are key to the Agency's success.

The Health Promotion and Chronic Disease Prevention Branch supports the Agency's mandate across a continuum of activities that span upstream determinants of health, healthy living across the life-course, healthy communities and chronic disease and injury prevention, as well as providing a science foundation to ensure a strong evidence base for the Agency's work in these areas.

The Centre is the federal lead on preventing chronic diseases and collaborates closely with others in the Branch on key priorities, as well as within the Agency, the Health Portfolio and other federal organizations. Over the past several years, the Centre has undergone significant transformative changes, in alignment with broader Agency and Branch transformation, including in areas such

Working Internationally to Advance Canadian Priorities

The 2011 United Nations High-Level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs) resulted in a Political Declaration that sets out commitments for member state collaboration to develop a global monitoring framework and action plan. The World Health Assembly, in May 2012, endorsed the first global target—to reduce global non-communicable disease rates by 25 percent by 2025. Member states also reached consensus on a comprehensive global monitoring framework, with endorsement expected at the 2013 World Health Assembly. Complementing this framework is the development of a global action plan which will specify evidence-based actions that countries may take to address the NCD challenge.

Canada's obligation is to report to World Health Organization (WHO) on the indicators that have been established to measure progress towards the global targets and to use the global action plan as guidance to undertake, consistent with our priorities, actions to prevent and control NCDs.

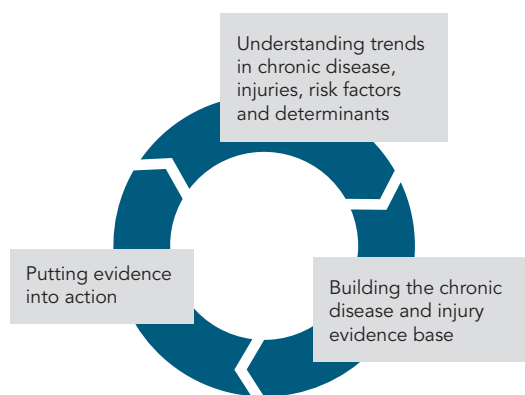
The Agency will continue to provide both technical input and leadership in the global process and will continue to seek input from our domestic stakeholders on proposals for global action.

as grants and contributions and surveillance. We are focussing on better integration among our activities and continuing to develop a performance culture so that progress is measured and reported. Administrative functions have also undergone changes within a Branch, Agency and shared services context; these functions are critical to the efficient, effective stewardship of our financial and human

resources, which underpin all of our Centre's activities. The transformative changes are being carried out by the Centre's highly professional and skilled employees, who bring a wide expertise in a range of disciplines, including public health, knowledge translation, epidemiology, public administration and administrative expertise.

2.2 WHAT WE DO— OUR CORE BUSINESS

The Centre takes an integrated approach to chronic disease and injury prevention. Our core business reflects a continuous cycle of understanding trends, building the evidence base, and supporting action.



Our expertise has been recognized internationally and we are a WHO designated Collaborating Centre on Non-Communicable Disease Policy. In this role we contribute to international efforts to reduce the risk factors for chronic diseases. Under this Collaborating Centre designation, which was re-affirmed in 2012, the Centre will focus on three areas of work relevant to domestic and international objectives, including assessing models for multi-sectoral partnerships; integrating an economic lens into the evidence base; and building technical capacity in non-communicable policy.

The Centre's surveillance programs cover the life course from maternal and child health to seniors health. They **identify and explain trends in injury, chronic diseases and their risk and protective factors and determinants**. Our analysis of the public health implications of surveillance trends supports decisions on targeting interventions for greatest impact. It points us to priorities and areas for investment. For example, surveillance tracked increased rates of overweight and obesity across the country and alerted public health to the impact on Type 2 diabetes and other chronic diseases; consequently, we put a focus on building the evidence base to understand these patterns and to identify and share effective interventions to prevent continued escalation of this public health problem.

There is a lack of evidence on what works in prevention. Our surveillance activities are complemented by activities to **build the evidence base** to better inform chronic disease and injury policy, programming and practice in Canadian communities. For example, we identify current and emerging issues to assess their potential impact on Canadians and to enhance our readiness to respond. In addition, as part of our focus on intervention evidence, we are putting a focus on collecting and synthesizing results and lessons learned from the projects we fund. We are building on our well-established methodology to identify "best practices" by expanding our efforts to include "promising practices" in chronic disease prevention and health promotion, and working to share this evidence and "scale up" efforts to achieve a broader impact on population health over the longer term.

The information and knowledge gained through surveillance, along with the evidence we produce, aim to support **evidence-based action**. We inform public health action through various partnerships and strategies, such as our Grants and Contributions programs, as well as through the enhanced Canadian Best Practices Portal, which consolidates multiple sources of trusted and credible chronic disease and injury related information in one website.

2.3 OUR STRATEGIC PRIORITIES

The *Integrated Strategy on Healthy Living and Chronic Disease* (ISHLCD) is the primary policy underpinning guiding our Centre's work. This Strategy, launched in 2005, is the federal contribution to the Federal/Provincial/Territorial Pan-Canadian Healthy Living Strategy, which envisions a healthy nation in which all Canadians experience the conditions that support the attainment of good health.

With a fundamental principle of adaptability to take advantage of new knowledge and opportunities, the *Integrated Strategy* recognizes that the major chronic diseases affecting Canadians (cancer, diabetes,

Pillars of the *Integrated Strategy on Healthy Living and Chronic Disease*

To promote health for all Canadians

To prevent chronic disease by reducing risks for Canadians who are at high risk

To support early detection and management of chronic disease for those Canadians who are living with chronic diseases

cardiovascular diseases and respiratory diseases) have risk factors in common, thus integrating actions according to risk factors is the most effective way to tackle chronic diseases and injuries.

In this context, we have set five complementary **strategic priorities**, which are consistent with our federal role, address public health imperatives and support our partners' mandates:

- Surveillance Transformation:
Enhanced Use of Data for Action
- Healthy Living/Healthy Weights:
Focus on Common Risks for Chronic Diseases
- Targeted Action on Major Chronic Diseases
- Knowledge Mobilization for Sustained Action
- Growing Our People: Results for Canadians

These strategic priorities and their implementation are described in Chapter 3.

2.4 OUR APPROACH

Partnerships are at the heart of our work. They are the only way to sustain action to prevent chronic diseases because no single sector in our society can make a difference alone. Many determinants of health lie outside the reach of the health sector, therefore many of the actions to improve health lie in other sectors, both within and outside government²⁶. As indicated in *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living*¹⁹:

» HEALTH PROMOTION IS EVERYONE'S BUSINESS

Our partnership approach has evolved considerably as we have learned more about ways to facilitate and leverage multi-sectoral and multi-level partnerships based on synergies and readiness to collaborate. This reflects the continued emphasis on partnerships as part of our commitment as a World Health Organization Collaborating Centre. Our approach has also changed to enable us to be poised to capitalize on partnership opportunities as they arise by, for example, modernizing our funding programs.

In early 2013, a continuous intake process was launched so that our stakeholders can propose innovative projects and we can rapidly assess fit with our priorities; join up complementary ideas to achieve greater reach and higher impact; and leverage resources, including from the private sector.

Our new *Partnership Guide*, to be developed by June 2013, will describe effective partnership models for developing, implementing and maintaining partnerships.

No single sector in our society can prevent chronic disease and injury alone. The health sector must work in partnership with other sectors to turn the tide on chronic diseases and injuries.

Given that the work of the Centre is grounded on the premise that multiple sectors and partners need to work collaboratively in order to achieve successful public health outcomes, we have developed a Partner Engagement Tool to monitor the outcomes of partnerships and gather lessons about how we work with various partners and sectors to achieve public health objectives. Ultimately, studies of engagement will tell us whether we are effectively catalyzing multi-sectoral action to achieve public health outcomes for Canadians that would not otherwise be attainable.

3. IMPLEMENTING OUR STRATEGIC PRIORITIES

This Chapter describes our strategic priorities and sets out objectives and desired outcomes. Annex A details specific deliverables.

3.1 SURVEILLANCE TRANSFORMATION: ENHANCED USE OF DATA FOR ACTION

Surveillance is a core public health function. Together with our public health partners across jurisdictions, we are helping to build surveillance capacity to facilitate the flow of surveillance data required for accurate monitoring of the health of Canadians. Timely and accurate information on risk and protective factors, chronic disease and injury occurrence, distribution, and trends is essential to generate knowledge that drives policy making, program planning, and evaluation. Through its transformation process, the Centre will focus on using surveillance to inform prevention, integrate and modernize surveillance functions and adopt a more integrated approach to surveillance priorities and products. These directions are consistent with the Agency's 2013–2016 Surveillance Strategic Plan, which will guide the Agency in renewing its planning, alignment and delivery of public health surveillance activities. To assess the impact of our surveillance programs, we will conduct a series of "knowledge uptake" studies to determine the level and types of use of our products among our key stakeholders.

The *Integrated Strategy on Healthy Living and Chronic Disease* includes authorities for Enhanced Surveillance, including the development of a national chronic disease surveillance system. Other initiatives are addressing surveillance priorities: (i) the *Food and Consumer Safety Action Plan* supports

surveillance of injury related to consumer products, (ii) the National Population Study of Neurological Conditions provides the basis for the inclusion of certain neurological conditions into the Canadian Chronic Disease Surveillance System (CCDSS) and (iii) the *Action Plan to Protect Human Health from Environmental Contaminants* includes the development of an approach for Autism and Developmental Disorders surveillance, as well as the development/enhancement of a surveillance system to monitor congenital anomalies.

We continue to carry out our ongoing surveillance role and are expanding our surveillance programs to include upstream factors and conditions through monitoring the determinants of chronic disease. This will increase understanding of how risk and protective factors and conditions accumulate over the life course, their interaction and their impact on disease patterns.

A critical part of the federal role in national surveillance is filling gaps where little or no information exists, particularly where a new threat or burden may be emerging. Neurological conditions, such as Alzheimer's disease and other dementias, Parkinson's disease, mental health and Autism Spectrum Disorders fall into this category. For example, in partnership with Neurological Health Charities Canada, a suite of studies that will conclude in 2013 will provide, for the first time, information on neurological conditions, including impacts on families, communities, and the health care system, as well as projections of long-term health and economic impacts. As well, an Autism Surveillance System that incorporates data from the health, social service and education sectors, is on track for implementation in 2015.

SURVEILLANCE TRANSFORMATION: OBJECTIVES AND DESIRED OUTCOMES

Provide timely, relevant information and analysis that **drives public health interventions** in chronic disease, injuries and their risk and protective factors; and infant, maternal and child health in Canada.

Desired Outcome: Use of evidence by stakeholders to support maternal and child health, chronic disease and injury prevention in Canada.

Align the Centre's surveillance function in accordance with the Agency's Surveillance Strategic Plan.

Desired Outcome: Centre's surveillance programs are performing consistent with Agency standards and are an asset to the organization.

Address gaps in information on **autism, neurological conditions and mental health** in Canada.

Desired Outcome: Surveillance systems are in place for autism, neurological conditions and mental health and provide relevant information to stakeholders to inform public health action.

Expand surveillance systems to include a broader range of diseases, conditions, risk and protective factors and determinants.

Desired Outcome: A surveillance program that supports prevention priorities, identifies emerging threats and burdens and enables analysis of who is most affected.

3.2 HEALTHY LIVING/HEALTHY WEIGHTS: FOCUS ON COMMON RISK FACTORS FOR CHRONIC DISEASES

Much of the chronic disease and injury challenge can be prevented or onset delayed. Putting in place measures to support healthy living, starting with healthy development of infants and children, and reducing barriers to an individual's ability to make healthier choices across the lifespan is fundamental to the health of Canadians. For

example, the Public Health Agency of Canada's *Active and Safe* initiative supports a number of projects that focus on preventing injuries among children and youth and reaching Canadians in the communities where they live and play as a significant proportion of unintentional injuries among children and youth aged up to nineteen are caused by sports and recreation related injuries²⁰.

As for chronic disease prevention, eating a healthy diet, increasing physical activity and avoiding tobacco use can prevent 80% of premature heart disease, 80% of type 2 diabetes cases, and 40% of cancers²¹. The case for a strong focus on prevention has been globally recognized, most recently through the 2011 United Nations Political Declaration on Non-Communicable Diseases²², which galvanized countries to collaborate in preventing chronic disease, as well as focusing on the risks that are common to these diseases. This is consistent with our approach to preventing chronic disease by reducing common risk factors.

In 2010, through *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living*, Canada's Ministers of Health and Healthy Living agreed to collaborate on common risk factors in order to promote health and prevent chronic disease and injury. They endorsed and committed to report on progress under *Curbing Childhood Obesity: A Federal/Provincial/Territorial Framework for Action to Promote Healthy Weights*²³ as their first priority for collaborative action because achieving healthy

Multi-sectoral partnerships are being established. Air Miles, YMCA and the Public Health Agency of Canada are working together to test an incentive-based model to help Canadian families become more physically active.

weights in childhood will have lifelong positive health impacts. The 2012 Healthy Weights Summit brought existing and potential partners together to catalyze multi-sectoral partnerships. We continue to build on this momentum and are working with our Federal/Provincial/Territorial partners on a 2013 Summit.

An important source of evidence about “what works” in community and population-level interventions is the Centre’s Grants and Contributions investments. The Centre’s new approach to these investments provides an opportunity to accelerate knowledge on the design, testing and lessons from innovative interventions through multi-sectoral partnerships. A focus on the collection, synthesis and sharing of intervention evidence (what works, for whom and under what conditions) will be integrated into the Centre’s new approach to Grants and Contributions investments.

HEALTHY LIVING/HEALTHY WEIGHTS: OBJECTIVES AND DESIRED OUTCOMES

Mobilize **multi-sectoral actions to reduce common risk factors** for chronic disease and enhance factors and conditions for healthier living.

Desired Outcome: Multi-sectoral partnerships are supporting Canadians in adopting healthier lifestyles and creating healthier environments to support those lifestyles.

Advance efforts on Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework to Promote Healthy Weights to monitor and report trends in childhood obesity, risk factors and determinants.

Desired Outcome: Information on obesity trends and progress made by the collaborative efforts of federal, provincial and territorial governments is available to Canadians.

3.3 TARGETED ACTION ON MAJOR CHRONIC DISEASES

The major chronic diseases (cancer, diabetes, cardiovascular diseases, and respiratory disease) share four modifiable risk factors (unhealthy eating, physical inactivity, smoking and harmful use of alcohol). Unhealthy weights are a primary risk factor for chronic diseases. This public health challenge is recognized worldwide and countries are working together, under the leadership of the World Health Organization, to reduce rates of overweight and obesity. In fact, countries have committed to achieving a set of targets by 2025 that includes no increase in obesity and diabetes rates.

The *Integrated Strategy on Healthy Living and Chronic Disease* makes targeted investments, consistent with our federal role, to address gaps in the prevention and management of major chronic diseases. These disease-specific investments respond to partnership opportunities or build on innovations. For example, we have developed a diabetes risk assessment tool (CANRISK) that is being used in pharmacies to help Canadians understand their risk and to support them in taking action to prevent diabetes. Another example is our surveillance programs, which monitor patterns and trends for each chronic disease, fill gaps in information, as well as monitor the risk factors that are common to them.

CANCER

Almost one in two Canadians will develop cancer in their lifetime. It was estimated that about 186,400 new cases of cancer would be diagnosed and about 75,700 deaths would occur in 2012²⁴.

The Canadian Partnership Against Cancer, established in 2007, is funded by the Government of Canada to lead the implementation of the Canadian Strategy. We work with the Partnership on specific public health aspects of cancer surveillance and prevention to ensure complementarity and that our joint efforts in cancer prevention draw upon each others' best assets. The Partnership and the Canadian Cancer Society are supporting our efforts to advance Canada's cancer objectives internationally.

CANCER: OBJECTIVES AND DESIRED OUTCOMES

Increase breast cancer **prevention capacity** in communities.

Desired Outcome: Successful prevention models are identified and shared.

Contribute to international public health **cancer policy development** through technical collaboration with the World Health Organization (WHO).

Desired Outcome: Agency expertise contributes to international cancer policy dialogue.

Provide **authoritative annual reporting** on trends in cancer rates and associated risk factors.

Desired Outcome: Stakeholders use Agency analysis for program and policy development and public awareness raising.

DIABETES

The Canadian Diabetes Strategy is an element of the *Integrated Strategy on Healthy Living and Chronic Disease*. Its objective is to contribute to diabetes prevention and control through surveillance, evidence-based information and support to community-based programs.

At least one in sixteen Canadians has Type 2 diabetes, the most common form of diabetes, with many more estimated to have pre-diabetes²⁵. Rates of Type 2 diabetes have increased, driven by growing rates of overweight and obesity and increased survival, which are themselves driving an increase in rates of

Over the last several years, the Agency has collaborated with partners, including provinces and territories and stakeholders, to develop and implement a risk assessment tool for diabetes screening. CANRISK is a "made-in-Canada" tool for adults to determine whether they are at risk for diabetes and need to make necessary lifestyle changes to reduce their risk or whether they should seek medical care.

By the end of 2013–2014, the tool will be implemented in over 2000 pharmacies across Canada with the potential to reach hundreds of thousands of Canadians. A Diabetes Guide has also been developed, that provides people with information about their risks. To reach as many Canadians as possible, the Guide has been translated into 11 languages besides French and English and a mobile application has been developed. CANRISK is being explored as an integral part of diabetes prevention programs in New Brunswick and Alberta.

other chronic diseases, including kidney and vascular diseases. A key priority in preventing Type 2 diabetes is curbing childhood and reducing adult obesity rates, a focus of our work. We are supporting early detection by implementing the CANRISK assessment tool, which we developed with our partners. CANRISK assesses Canadians' risks for developing diabetes and supports health professionals in counselling.

Our relationship with diabetes stakeholders is advanced through the Diabetes Partnership, a forum for the Agency, Health Canada and the Canadian Institutes of Health Research to discuss opportunities for collaboration with the Canadian Diabetes Association, the Juvenile Diabetes Research Foundation and Diabète Québec. We consider these partners key to our work and our re-designed funding program launched on February 15, 2013 which will expand our joint efforts.

Stakeholders identified the importance of a focus on self-management to prevent complications of diabetes. Our investments in self-management are yielding new products that can be found on our website. We also work with our partners to develop evidence-based tools and products to support health care professionals and Canadians living with diabetes²⁶.

DIABETES: OBJECTIVES AND DESIRED OUTCOMES

Prevent Type 2 diabetes by **reducing obesity** (the major risk factor for Type 2 diabetes), promoting healthy weights/healthy living and reducing barriers to making healthier choices.

Desired Outcome: Partnerships mobilized and sustained that support Canadians in achieving healthy weights.

Provide authoritative **national reporting** on diabetes trends and risk factors.

Desired Outcome: Stakeholders rely on Agency's analysis to support program and policy development and to raise public awareness.

Build the **research evidence** base to support prevention and management.

Desired Outcome: Research priorities established through a coordinated Health Portfolio process.

Support the development of evidence-based **information/tools** for (i) early detection and (ii) prevention of complications.

Desired Outcome: Widespread adoption of Agency's CANRISK assessment and uptake of tools to build health professional capacity.

CARDIOVASCULAR DISEASE

Approximately 1.7 million Canadians have heart disease or are living with the effects of a stroke²⁷. Rising rates of diabetes are driving increased heart disease and stroke as diabetes is also a risk factor for cardiovascular diseases. The Agency funded and participated in the development of the

Canadian Heart Health Strategy and Action Plan, a stakeholder-led process to develop an evidence-based strategy that all sectors can use to improve heart health. Since the Strategy was released in 2009, federal investments have filled gaps in data and supported early detection of hypertension. We are also supporting the installation of Automated External Defibrillators and the provision of user training in recreational hockey arenas across Canada with the objective of reducing deaths from sudden cardiac arrest in these venues. The Heart and Stroke Foundation of Canada is implementing this initiative and is a partner in many aspects of our program.

CARDIOVASCULAR DISEASE (CVD): OBJECTIVES AND DESIRED OUTCOMES

Improve CVD surveillance by **filling data gaps**.

Desired Outcome: A national CVD surveillance system that supports prevention and management.

Reduce deaths due to sudden cardiac arrest in recreational hockey arenas.

Desired Outcome: Installation of AEDs in recreational hockey arenas across Canada.

CHRONIC RESPIRATORY DISEASE

Approximately 3.5 million Canadians are living with asthma and approximately 1.7 million Canadians live with chronic obstructive pulmonary disease (COPD)²⁸. There are also infectious disease considerations; for example, COPD increases the risk for contracting tuberculosis²⁹. The most important preventable risk factor for chronic respiratory diseases is tobacco use. The Agency collaborated with lung health stakeholders and funded The Lung Association to develop the National Lung Health Framework. Investments have been made to fill gaps identified in the Framework and now, under the Federal Tobacco Control Strategy, the Centre is supporting the development of tobacco-related interventions targeted in the areas of workplace health, professional education, as well as northern and Aboriginal smoking cessation.

CHRONIC RESPIRATORY DISEASE: OBJECTIVES AND DESIRED OUTCOMES

Upstream tobacco prevention to:

- Build the capacity of tobacco cessation intervenor
- Reinforce tobacco prevention and cessation in the workplace
- Address the elevated risks of urban First Nations people living off-reserve and Métis and Inuit people living outside of their traditional communities

Desired Outcome: Partnerships are mobilized to support prevention and cessation among key populations and in target settings.

Report **updated information on trends** in chronic respiratory diseases in Canada.

Desired Outcome: Stakeholders use Agency analysis for program and policy development and public awareness raising.

3.4 MOBILIZING KNOWLEDGE FOR SUSTAINED ACTION

Mobilizing information and knowledge for use in policy and practice nationally and internationally aims to make information about prevention available to those who work with or develop and provide supports to Canadians. Our primary target audiences for evidence on effective interventions continue to be public health and related community professionals, governments, and national and international health organizations and policy-makers.

A wide spectrum of knowledge can guide public health and multi-sectoral actions. This includes information to help inform priority-setting on health outcomes, common risk factors/determinants and populations, as well as evidence about effective interventions, including promising and best practices as well as lessons learned.

The Centre is integrating an intervention research approach into our Grant and Contribution investments as a source for new intervention

evidence. In addition, the Centre will implement its Knowledge Development and Exchange Plan, which lays the foundation for the Centre's approach to supporting public health action and outlines new directions to innovate and maximize impact across the Centre's strategic priorities. This KDE Plan will support the Centre in putting a priority on developing a suite of knowledge products and interactive activities that provide relevant and high quality evidence to meet the needs of key audiences. The Centre will use new technologies to create tailored products that bring together surveillance information with knowledge gained from interventions. These knowledge products aim to support decision-making and investments in practice, programs and policies by specific audiences.

Our primary tool for sharing knowledge with public health and related professionals is the Canadian Best Practices Portal³⁰. The Portal provides a listing of resources for planning, implementing and evaluating programs designed to promote health and prevent chronic disease and injuries. It consolidates multiple sources of trusted and credible information in one place and showcases "best practices" that were selected, based on rigorous criteria. Moving ahead, we will expand the content of the Portal to include "promising practices", so that we are including those interventions that have demonstrated significant potential. Through the Portal, we will synthesize and profile learnings from past and future projects funded through our Grants and Contributions investments in order to facilitate access to and use of this source of intervention evidence. Ultimately, we are working towards using the Portal as a gateway for many of our knowledge products for our key audiences. As we expand the Portal, we will engage the public health community in dialogue on the state of the evidence and its implications for public health practice. We will work with key partners, including the Chronic Disease Prevention Alliance of Canada and the Canadian Partnership Against Cancer, to join up our efforts in providing information to Canadians on best practices in chronic disease and injury prevention.

Another important platform for disseminating information is the Centre's peer-reviewed journal *Chronic Diseases and Injuries in Canada* (CDIC)³¹. This Journal publishes a range of peer-reviewed feature articles by authors from fields such as epidemiology, public/community health, biostatistics, the behavioural sciences, and health services or economics. A focus of the Journal over the next several years is to increase both submissions on key areas of content (ie: policy and program evidence papers) and increase profile and readership/subscriptions through the development and implementation of a CDIC knowledge mobilization plan.

Enhancing the practice of prevention in primary health care is an important aspect of shifting the emphasis to understanding and controlling risk factors in order to prevent chronic diseases and injuries rather than focusing solely on treating them. Experts agree that sustaining the health care system requires this paradigm shift. We provide support to and collaborate with the Canadian Task Force on Preventive Health Care in their work to provide evidence-based guidelines to primary care practitioners. These primary care and guideline methodologists offer authoritative guidance to primary care practitioners in the area of preventive medicine. For example, the Task Force has released guidelines on breast cancer screening (2011), screening for hypertension (2012), diabetes screening (2012) and cervical cancer screening (2013), and will release guidelines on screening for depression (2013) and screening for obesity in adults and children (2013 and 2014), prostate cancer screening (2013) and colorectal cancer screening (2014). Moving forward, we will work on developing and sharing public health guidelines that will also bring evidence and rigour to the design of community and population-based prevention programs and policies.

MOBILIZING KNOWLEDGE: OBJECTIVE AND DESIRED OUTCOME

Chronic disease, injury prevention and healthy living practice, programs and policies for Canadians are informed by evidence.

Desired Outcome: Partners and stakeholders access and use intervention evidence from the Centre's knowledge products and activities, including best and promising practices and learnings from funded projects to inform public health action.

3.5 GROWING OUR PEOPLE: RESULTS FOR CANADIANS

Supporting people is a cornerstone for all of the Centre's strategic priorities. The Centre's employees are highly skilled, engaged and dedicated people who are recognized in their multidisciplinary fields. We strive to be a workplace where people are valued; where they have a sense of pride and belonging; and where there are interesting and challenging opportunities for professional and personal growth. We aim to foster a working environment where people are supported with resources, tools and mechanisms needed to anticipate, adapt and respond to all working requirements and where there is a culture of reflective practice—where we strive to learn and adapt. We are a workplace where professional development and employee recognition are important aspects of our organizational culture.

» ALTHOUGH THE CORE WORK OF THE PUBLIC SERVICE WILL NOT FUNDAMENTALLY CHANGE IN THE YEARS AHEAD, HOW WE WORK MUST. THE PUBLIC SERVICE OF TOMORROW WILL BE DEFINED BY A NUMBER OF KEY CHARACTERISTICS – ACHIEVING EXCELLENCE IN ALL THAT WE DO WILL REQUIRE OUR INSTITUTION TO BE COLLABORATIVE, INNOVATIVE, STREAMLINED, HIGH PERFORMING, ADAPTABLE AND DIVERSE.

—Clerk of the Privy Council, Nineteenth Annual Report to the Prime Minister on the Public Service of Canada

THE EVOLVING FEDERAL PUBLIC SERVICE AND AGENCY CONTEXT

The year 2012 marked a critical moment for the public service with the implementation of Budget 2012 decisions and reduction of expenditures across government, at the same time as putting in place measures to improve the efficiency and effectiveness of government operations and programs. In this context, the Agency's transformation agenda recognizes that a valued and skilled public health workforce is critical to ensuring a continued leadership role in serving Canadians and providing the Minister of Health with high quality, evidence-based public health advice.

The government-wide 2011 *Public Service Employee Survey* (PSES)³² showed that public servants remain very engaged and committed to their work. The Agency's Executive Committee, in the Fall of 2012, approved the PHAC 2012–14 Public Service Employee Survey Action Plan, with a focus on governance; leadership; employee engagement; and, workplace well-being (including harassment and discrimination). The Health Promotion and Chronic Disease Prevention Branch has identified employee engagement and workplace well-being as its two immediate priorities with the commitment to build a supportive working environment where employees want to come to work and feel engaged, valued and respected.

The new April 2012 *Values and Ethics Code for the Public Sector*³³ recognizes respect for democracy; respect for people; integrity; and stewardship, and excellence as values in the public sector. In this context, the Agency adopted the *PHAC Values and Ethics Code* with the purpose of strengthening the ethical culture of the Agency and contributing to maintaining a healthy and effective work environment.

CENTRE COMMITMENT

Within this context, the Centre will focus on maximizing the potential of our employees, as well as exploring innovative ways of working. By its very nature, this priority is equally about process as it is about outcome. Employee engagement and ongoing communications will be crucial as we go about this task.

The 2011 PSES results were critical in developing this priority. Our Centre's results showed that CCDP employees are generally proud of and satisfied with their work, they are willing to invest additional time and energy in their professional activities and feel they have the physical conditions and resources necessary to get the job done. At the same time, employees indicated that they are seeking more streamlined and efficient business processes, an appropriate balance between workload and resources, and clear work objectives. They also highlighted the importance of good communication in achieving our objectives.

Taking action on this strategic priority will be founded on individual and organizational commitment; respect for diversity and equality among all employees; and achievable, meaningful actions. In order to meet current and future challenges, the Centre will aim to continue attracting, recruiting and retaining highly qualified, skilled, and motivated people. Moving forward, the Centre will take steps to further foster a supportive working environment for all employees, providing resources, tools and mechanisms needed for them to anticipate, adapt and respond to all working requirements. We will leverage efforts to work horizontally, when possible, to plan and implement multidisciplinary and cross-divisional work to harness the full potential and talents within the Centre. We aim to draw from various disciplines and divisions in order to develop new and innovative solutions to address the complex public health issues of chronic disease and injury prevention.

It is necessary to invest in all employees so that the workforce has the tools and knowledge to address the challenges they face in successfully carrying out their daily functions. Employees will be supported in pursuing a range of developmental opportunities. There are a range of skills, experiences and talents across the Centre and this priority also supports maximizing use of these and ensures a strong foundation for collaboration.

Workplace well-being is connected to physical health, mental health and wellness. It is about providing an environment where employees can be productive and supported in their work. In support of workplace well-being, the Centre will enhance awareness and skills development and mitigate harassment and discrimination in the workplace; facilitate dialogue between employees and management; and equip employees with the tools to support work-life balance.

GROWING OUR PEOPLE: OBJECTIVES AND DESIRED OUTCOMES

Strengthen **horizontal collaboration** towards achieving common objectives.

Desired Outcome: A workforce that is engaged and focussed on a shared purpose.

Promote a **culture of learning** and career development.

Desired Outcome: A workforce that is equipped with tools and resources to achieve results and is supported in pursuing a range of developmental opportunities.

Promote **workplace well-being**.

Desired Outcome: A healthy workplace in which employees feel valued and respected.

ANNEX A

KEY DELIVERABLES

NOTE: Our partnerships continue to evolve and this Annex will be updated as needed.

SURVEILLANCE TRANSFORMATION: Enhanced Use of Data for Action

OBJECTIVE 1: Provide timely, relevant information and analysis that drives public health interventions in chronic disease, injuries and their risk and protective factors; and infant, maternal and child health in Canada.

Desired Outcome: Use of evidence by stakeholders to support maternal and child health, chronic disease and injury prevention in Canada.

Performance Measure: Satisfaction and use of knowledge products

Measurement Method: The outcome will be measured through the Satisfaction Tool and/or Knowledge Uptake Tools.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Release inaugural Chronic Disease Indicator Framework report (Winter 2013; followed by annual and thematic updates beginning in 2014–2015).	Statistics Canada
Continue to develop and populate key indicators in perinatal health and produce reports, such as the Perinatal Health Indicators Update (December 2013); Maternal Mortality Factsheet (May 2013); Severe Maternal Morbidity Factsheet (May 2013); Maternal Diabetes in Canada Factsheet (Summer 2013); Maternal Hypertension in Canada Factsheet (Summer 2013).	Canadian Institute for Health Information (CIHI); Statistics Canada; Provinces and Territories (P/Ts)
Convert the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) to an electronic format in order to provide more timely information on children’s injuries, risk factors and early warning about emerging hazards (E-CHIRPP) (by 2015).	Canadian Network for Public Health Intelligence
Enhance child maltreatment surveillance through acquisition of administrative child welfare data and collection of child maltreatment data in Canadian Community Health Survey (Mental Health) and Canadian Health Measures Survey (ongoing).	Health Canada; Statistics Canada; Selected P/Ts
Fulfill commitments under Food and Consumer Safety Action Plan to enhance the Canadian Hospitals Injury Reporting and Prevention Program and increase the use of information from the Canadian Coroner and Medical Examiner Database to strengthen reporting of injuries associated with consumer products (by 2015).	Health Canada; Canadian Food Inspection Agency; CIHR; Pest Management Regulatory Agency
Continue to put in place agreements with Provinces and Territories to access and share data to fulfill commitments under the Human Health and the Environment program to enhance surveillance on congenital anomalies (approximately 10 MOAs projected to be concluded in 2013–2014).	Health Canada; P/Ts

OBJECTIVE 2: Align the Centre’s surveillance function in accordance with the Agency’s Surveillance Strategic Plan.

Desired Outcome: Centre’s surveillance programs are performing consistent with Agency standards and are an asset to the organization.

Performance Measure: Alignment with Agency surveillance transformation

Measurement Method: The outcome will be measured through document review.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Consolidated surveillance functions with integrated mechanisms for prioritizing activities in data collection, system design and analysis (2013).	N/A
Formal agreements on roles and responsibilities with Statistics Canada and the Canadian Institute for Health Information (2013).	Statistics Canada; CIHI

OBJECTIVE 3: Address gaps in information in autism, neurological conditions and mental health in Canada.

Desired Outcome: Surveillance systems are in place for autism, neurological conditions and mental health and provide relevant information to stakeholders to inform public health action.

Performance Measure: Engagement with partners to determine success in identifying and filling data gaps

Measurement Method: The outcome will be measured through document review and the Partner Engagement Tool.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Report a synthesis of the results from the research studies and surveys funded under the National Population Health Study of Neurological Conditions (March 2014).	Health Canada; CIHI; CIHR; Statistics Canada; Neurological Health Charities Canada
Develop a surveillance program on mental illness and mental health, including information on vulnerable populations and risk and protective factors, including self-harm and suicide (by 2015).	Health Canada; Mental Health Commission of Canada; CIHR; Statistics Canada; CIHI; McMaster University
Complete the development of an autism spectrum disorders surveillance system that incorporates data from health, social service and education systems (by 2015).	P/Ts; Key external organizations

OBJECTIVE 4: Expand surveillance systems to include a broader range of diseases, conditions, risk and protective factors and determinants.

Desired Outcome: A surveillance program that supports prevention priorities, identifies emerging threats and burdens and enables analysis of who is most affected.

Performance Measure: Engagement with partners to determine our success in supporting prevention priorities and identifying threats and burdens.

Measurement Method: The outcome will be measured through document review and the Partner Engagement Tool.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Chronic disease surveillance approaches expanded to include: <ul style="list-style-type: none"> • Musculoskeletal Diseases (arthritis, osteoporosis)—National surveillance by 2014. • Injury (falls, others): National pilot by 2013; National surveillance by 2014. • Feasibility report on linking CCDSS to Canadian Community Health Survey for quality assurance (self-reported vs. CCDSS) and Self-reported Risk Factors and Social Determinants by 2014–15. 	Statistics Canada; P/Ts
Chronic disease surveillance approaches expanded to include: risk/protective factors for chronic disease prevention, multi-morbidities, associated socio-economic determinants and estimated economic burden/cost (by end of 2014–2015).	P/Ts

HEALTHY LIVING/HEALTHY WEIGHTS: Focus on Common Risk Factors for Chronic Diseases

OBJECTIVE 1: Mobilize multi-sectoral actions to reduce common risk factors for chronic disease and enhance factors and conditions for healthier living.

Desired Outcome: Multi-sectoral partnerships are supporting Canadians in adopting healthier lifestyles and creating healthier environments to support those lifestyles.

Performance Measure: Our success in engaging multi-sectoral partners and our success in identifying effective interventions.

Measurement Method: The outcome will be measured through the measurement of Grants and Contributions, the Partner Engagement Tool and document review.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
<p>Implement a new approach to longer-term multi-sectoral partnerships using grants and contributions associated with Healthy Weights.</p> <ul style="list-style-type: none"> Assess the partnerships/model established under the new approach to Grants and Contributions. Implement pay-for-performance Contribution Agreements to ensure greater accountability for results (ongoing). Integrate the collection and reporting of intervention evidence with the Centre's performance measurement tools into the Centre's new approach to Grants and Contributions investments (by Spring 2013). 	<p>CIHR's Institute of Population and Public Health; Funding recipients</p>
<p>Work in close collaboration with Health Canada Shared Services (Communications) to develop and implement a social marketing campaign aimed at promoting healthier living (2013–2014).</p>	<p>N/A</p>
<p>Develop a domestic approach for reporting to the World Health Organization, consistent with the United Nations Political Declaration (2014–2015).</p>	<p>Key non-governmental organizations, including the Chronic Disease Prevention Alliance of Canada, World Health Organization; United Nations</p>
<p>Fulfill commitment under WHO CC redesignation to expand and share knowledge of how to create effective and sustainable multi-sectoral partnerships (ongoing).</p>	<p>World Health Organization; Pan-American Health Organization</p>

OBJECTIVE 2: Advance efforts on *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework to Promote Healthy Weights* to monitor and report trends in childhood obesity factors and determinants.

Desired Outcome: Information on obesity trends and progress made by the collaborative efforts of federal, provincial and territorial governments is available to Canadians.

Performance Measure: Public release of the Report

Measurement Method: The outcome will be measured through document review.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
<p>Hold a second Summit on Healthy Weights (Summer 2013).</p>	<p>Key non-governmental organizations; P/Ts; Private sector</p>
<p>Provide scientific support to the Canadian Task Force on Preventive Health Care on the development of guidelines on screening for adult obesity and childhood obesity (2013 and 2014).</p>	<p>Canadian Task Force on Preventive Health Care</p>
<p>Report progress to Ministers and Canadians on collective F/P/T action on the <i>Curbing Childhood Obesity framework</i>, informed by surveillance information on standard national indicators (September 2013).</p>	<p>Health Canada's Office of Nutrition Policy and Promotion; P/Ts</p>

TARGETED ACTION ON MAJOR CHRONIC DISEASES

CANCER: OBJECTIVES AND DESIRED OUTCOMES

Increase breast cancer **prevention capacity** in communities.

Desired Outcome: Successful prevention models are identified and shared.

Contribute to international public health **cancer policy development** through technical collaboration with the World Health Organization (WHO).

Desired Outcome: Agency expertise contributes to the international cancer policy dialogue.

Provide **authoritative annual reporting** on trends in cancer rates and associated risk factors.

Desired Outcome: Stakeholders use Agency analysis for program and policy development and public awareness raising.

Performance Measure: Use and satisfaction with knowledge products, identification of effective interventions.

Measurement Method: As appropriate, the outcomes will be measured through the Knowledge Uptake Tool(s), the Scan of Key Stakeholder Organizations and Measurement of Grants and Contributions.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Liaison role with the Canadian Partnership Against Cancer (CPAC); provide link between CPAC and international government-to-government fora (ongoing).	Health Canada; CIHR; CPAC
Grants and Contributions to fund gaps in prevention efforts on breast cancer and information and supports for breast cancer survivors (ongoing).	Key non-governmental organizations; Private sector
Knowledge products, including the publication of the Canadian Cancer Statistics (2012–2017) and Long-term Cancer Projections Report (by Winter 2014) and derivative products (ongoing).	Statistics Canada; P/Ts; Canadian Cancer Society
New tools and adapted existing surveillance analytic tools: host annual “Cancer Surveillance Analytic Forum” (by 2014).	Statistics Canada; P/Ts through the Canadian Council of Cancer Registries; CPAC
Assessment of feasibility of expanding the Canadian Chronic Disease Surveillance System to include cancer (by 2015–2016).	P/Ts
Support the International Agency for Research on Cancer global cancer registry initiative in low and middle income countries (ongoing).	IARC; Brazilian Cancer Institute
Launch the first phase of retrospective data for children 0–14 years of age, diagnosed with cancer in Canada, collected by participating Cancer in Young People in Canada (CYP-C) centers, by March 2014.	C-17 (17 pediatric cancer centres in Canada)

DIABETES: OBJECTIVES AND DESIRED OUTCOMES

Prevent Type 2 diabetes by **reducing obesity** (the major risk factor for Type 2 diabetes), promoting healthy weights/healthy living and reducing barriers to making healthier choices.

Desired Outcome: Partnerships mobilized support Canadians in achieving healthy weights.

Provide authoritative **national reporting** on diabetes trends and risk factors.

Desired Outcome: Stakeholders use Agency reports to support program and policy development and to raise public awareness.

Build the **research evidence** base to support prevention and management.

Desired Outcome: Research priorities established through a coordinated Health Portfolio process.

Support the development of evidence-based **information/tools** for (i) early detection and (ii) prevention of complications

Desired Outcome: Widespread adoption of Agency's CANRISK assessment and uptake of tools to build health professional capacity.

Performance Measure: Engagement, use and satisfaction with knowledge products, identification of effective interventions

Measurement Method: As appropriate, the outcomes will be measured through the Partner Engagement Tool, the Knowledge Uptake Tool(s), the Scan of Key Stakeholder Organizations and Measurement of Grants and Contributions.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Continue to promote and disseminate CANRISK diabetes screening questionnaire (promote mobile application, Diabetes Guide and translated CANRISK); continue to develop new partnerships to expand reach of the tool (ongoing).	Health Canada's First Nations and Inuit Health Branch; P/Ts; major Canadian pharmacies, Canadian Diabetes Association, Juvenile Diabetes Research Foundation, Diabète Québec
Post learnings from completed G&C projects on preventing complications from diabetes through various dissemination vehicles, including the CDIC Journal and the Canadian Best Practices Portal (in 2013–2014).	Non-governmental organizations
Prepare Diabetes Update report (2014).	Statistics Canada; CIHI, Canadian Diabetes Association, Juvenile Diabetes Research Foundation, Diabète Québec
Develop a joint surveillance plan with First Nations, Métis and Inuit partners to enhance diabetes surveillance in Aboriginal populations (Spring 2014).	Health Canada; First Nations, Métis and Inuit partners
Feasibility study results for surveillance of diabetes in pregnancy, including gestational diabetes (through the Canadian Perinatal Surveillance System) by end of 2013–2014.	Key external organizations, such as Canadian Pediatric Society; Society of Obstetricians and Gynecologists
Work with partners to establish roles and responsibilities in providing information to Canadians on diabetes (March 2014).	Key external organizations
Share information, seek opportunities to enhance collaboration and identify research priorities and gaps on an ongoing basis for funding consideration (June 2013 and ongoing).	Health Canada; CIHR

CARDIOVASCULAR DISEASE (CVD): OBJECTIVES AND DESIRED OUTCOMES

Improve CVD surveillance by **filling data gaps**.

Desired Outcome: A national CVD surveillance system that supports prevention and management.

Reduce deaths due to sudden cardiac arrest in recreational hockey arenas.

Desired Outcome: Installation of AEDs in recreational hockey arenas across Canada.

Performance Measure: Number of AEDs installed and number of devices registered with local emergency management units.

Measurement Method: As appropriate, the outcomes will be measured through document review.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Fund, through a Contribution Agreement, the installation of Automated External Defibrillators and associated training in recreational hockey arenas (2013–2016).	Municipalities; Heart and Stroke Foundation
Produce a Cardiovascular Disease Snapshot Report in 2013–2014.	Statistics Canada; CIHI; P/Ts
Expanded and piloted CVD surveillance, starting with feasibility studies on ischemic heart disease, acute myocardial infarction, heart failure and stroke in 2013, with national surveillance by 2015–2016.	P/Ts

CHRONIC RESPIRATORY DISEASE: OBJECTIVES AND DESIRED OUTCOMES

Upstream tobacco prevention to:

- Build the capacity of tobacco cessation interveners
- Reinforce tobacco prevention and cessation in the workplace
- Address the elevated risks of urban First Nations people living off-reserve and Métis and Inuit people living outside of their traditional communities

Desired Outcome: Partnerships are mobilized to support prevention and cessation among key populations and in target settings.

Report **updated information on trends** in chronic respiratory diseases in Canada.

Desired Outcome: Stakeholders use Agency information for program and policy development and public awareness raising.

Performance Measure: Engagement, use and satisfaction with knowledge products, identification of effective interventions

Measurement Method: As appropriate, the outcomes will be measured through the Partner Engagement Tool, the Knowledge Uptake Tool(s), the Scan of Key Stakeholder Organizations and Measurement of Grants and Contributions.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Chronic Respiratory Diseases in Canada report (in 2013–2014).	Health Canada; Statistics Canada; CIHI; P/Ts; The Lung Association
Fund through Grants and Contributions, tobacco-related interventions targeted in the areas of workplace health, professional education, and northern and Aboriginal smoking cessation (2012–2017).	Non-governmental organizations; private sector

MOBILIZING KNOWLEDGE FOR SUSTAINED ACTION

OBJECTIVE 1: Chronic disease, injury prevention and healthy living practice, programs and policies for Canadians are informed by evidence.

Desired Outcome: Partners and stakeholders access and use intervention evidence from the Centre’s knowledge products and activities, including best and promising practices and learnings from funded projects to inform public health action.

Performance Measure: Knowledge uptake and use

Measurement Method: The outcome will be measured through a Scan of Key Stakeholder Organizations, and the Knowledge Uptake tool(s).

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Implement the Knowledge Development and Exchange Plan for the Centre (ongoing).	N/A
Develop an approach for producing knowledge products and activities that integrate surveillance information with intervention evidence (2013–2014).	N/A
In support of the Centre’s ongoing role in publishing the peer-reviewed journal <i>Chronic Diseases and Injuries in Canada</i> (CDIC), develop a knowledge mobilization plan in 2013–2014 that would, among other things, increase submissions and subscriptions/use by 2015.	CDIC Editorial Board Members
Expand the Best Practices Portal and seek partnership opportunities with others to provide updated and broader information, including on “promising” practices, and more knowledge products and interventions on common risk factors (ongoing).	Key Non-Governmental Organizations, including Chronic Disease Prevention Alliance of Canada; National Collaborating Centre for Aboriginal Health; Canadian Partnership Against Cancer
Implement a phased approach to analyzing, synthesizing and sharing learnings from Gs&Cs program investments, including dissemination on the Portal: <ul style="list-style-type: none"> • synthesis of previous disease-specific investments (by Fall 2013). • establish ongoing process for synthesis of knowledge/lessons learned from new program investments focused on common risk factors (by Summer 2014). 	CIHR’s Institute of Population and Public Health
Develop a plan and report on results and learnings from a Synthesis Project of Branch Gs&Cs program investments by Fall 2015.	N/A
Collaborate with Branch partners to conduct a scan on active transportation policies and models (by Fall 2013) and mobilize and share findings with key stakeholders (Winter 2013).	Healthy Canada by Design (CLASP), Heart & Stroke Foundation; National Collaborating Centre on Healthy Public Policy; P/Ts; university researchers
Scientific support to the Canadian Task Force on Preventive Health Care to support their development of a guideline on depression (2013).	Canadian Task Force on Preventive Health Care
Scientific support to the Canadian Task Force on Preventive Health Care to support their development of a guideline on prostate cancer (2013).	Canadian Task Force on Preventive Health Care
Scientific support to the Canadian Task Force on Preventive Health Care to support their development of a guideline on colorectal cancer (2014).	Canadian Task Force on Preventive Health Care
Develop a business case for PHAC involvement in the development of public health guidelines (by 2014).	N/A
Fulfill commitment under WHO CC redesignation to fill knowledge gaps about the inter-relationships between NCDs and economies and build NCD-related economic analysis capacity (ongoing).	World Health Organization; Pan-American Health Organization
Fulfill commitment under WHO CC redesignation to support evidence-based NCD policy making and adaptation in the Americas and globally (ongoing).	World Health Organization; Pan-American Health Organization

GROWING OUR PEOPLE: Results for Canadians

OBJECTIVE 1: Strengthen horizontal collaboration towards achieving common objectives.

Desired Outcome: A workforce that is engaged and focussed on a shared purpose.

Performance Measure: Availability of mechanisms to support horizontal collaboration

Measurement Method: Analyze *Public Service Employee Survey* (PSES) results as well as the Health Portfolio's *Pulse Check Survey*, as well as CCDP Quick Surveys.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Undertake horizontal operational planning towards adopting common objectives and sharing the plans Centre-wide (yearly beginning in 2013–2014 to be led by the Managers Forum with guidance and direction from Senior Management Committee) (ongoing).	N/A
Improve internal communications through a variety of mechanisms (e.g. all-staff meetings, Centre-wide updates, use of intranet) towards timely and relevant information-sharing and exchange (ongoing).	N/A

OBJECTIVE 2: Promote a culture of learning and career development.

Desired Outcome: A workforce that is equipped with tools and resources to achieve results and is supported in pursuing a range of developmental opportunities.

Performance Measure: Availability of tools and resources

Measurement Method: Analyze *Public Service Employee Survey* (PSES) results as well as the Health Portfolio's *Pulse Check Survey*, as well as CCDP Quick Surveys.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Establish mechanisms to develop cross-Centre, time-limited work teams, focussed on achieving clear objectives towards increasing employee opportunities and exposure to new issues and skills (ongoing).	N/A
Integrate into one or two established activities per Division a reflective/learning approach to assess the process, implementation and outcomes of the activity in order to draw and share lessons to inform continuous improvement and support learning across the Centre (ongoing).	N/A
Develop and support through the personal learning plan process and employee training a competency-based professional development approach which includes both formal training and in-house skills development towards ensuring that all employees have a range of opportunities to develop the skills and knowledge necessary to carry out their responsibilities (ongoing).	Portfolio Shared Services Partnership (Human Resources)
Pilot test and deliver a set of learning modules to Centre staff to enhance knowledge, skills and competency in knowledge development and exchange (by Winter 2014).	N/A

OBJECTIVE 3: Promote workplace well-being.

Desired Outcome: A healthy workforce, in which employees feel valued and respected.

Performance Measure: Employees feel that the workplace supports their well-being

Measurement Method: Analyze *Public Service Employee Survey* (PSES) results as well as the Health Portfolio's *Pulse Check Survey*, as well as CCDP Quick Surveys.

KEY DELIVERABLES	KEY EXTERNAL PARTNERS
Implement Centre Public Service Employment Survey Action Plan (ongoing).	N/A
Advance well-being "lens" by providing information, tools and initiatives to support the well-being of CCDP employees (e.g. CCDP Diversity Network events; Lunch'n Learn series; walking club; yoga in the park; etc.) (ongoing).	N/A

ANNEX B

SUPPORTING IMPLEMENTATION

PLANNING, REPORTING AND FINANCIAL MONITORING CYCLE

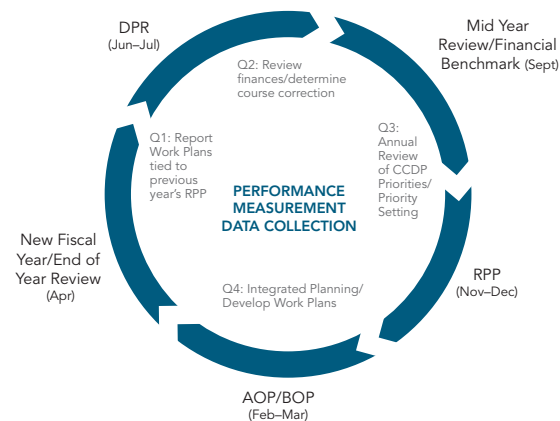
The Centre will implement a rigorous annual approach to planning, monitoring and reporting on priorities and work activities on an ongoing and timely basis. The Planning, Reporting and Financial Monitoring Cycle will commence with an annual priority setting exercise and will include activities throughout the year to enable the Centre to respond to Agency level planning and reporting requirements and timelines, such as the Agency Operational Planning (AOP) / Branch Operational Plan (BOP), the Report on Plans and Priorities (RPP), the Departmental Performance Report (DPR), Corporate Risk Profile and the semi-annual financial reviews. A key function of the Cycle is to align the timing of the Centre’s reporting activities to inform decision making during the annual review of the Strategic Plan. The Cycle will include the use of common tools to promote consistency and streamline efforts.

FINANCIAL TRACKING AND MONITORING

Commencing at the work planning phase of the Cycle, the Centre will implement a consistent process to track and report expenditures by program areas. The Centre will also work with the Office of the Chief Financial Officer to ensure that the financial coding used by the Centre will meet Treasury Board Secretariat requirements for monitoring and reporting against our funding and program authorities.

The Centre financial approach will continue to use common tools to support its financial management practices including contract tracking tools.

Planning, Reporting & Financial Monitoring Cycle



As part of the financial approach, the Centre will undertake a financial review twice annually (mid-year and end of year) and the results will be reported to and discussed with the Centre’s Senior Management Committee to allow for any course corrections.

PERFORMANCE MEASUREMENT

As part of the Planning, Reporting and Financial Monitoring Cycle, CCDP will continue to collect and use performance measurement data to measure our progress. The performance measurement work will build multiple lines of evidence to articulate a meaningful performance story around our efforts to scale up prevention, focussing clearly on priorities. By measuring and reporting on partner engagement, satisfaction with knowledge products, uptake/use of knowledge products, and results from grant and contribution funded interventions, we will be able to better account for our efforts, measure the impact,

and learn from our experiences. Taken together, these lines of evidence will tell us whether we are getting as much out of our partnerships as we can (engagement), whether our knowledge products are reaching the right audiences and meeting perceived information needs (satisfaction), whether our knowledge products are used (knowledge uptake), and whether our grant and contribution funds are supporting interventions that achieve measurable results.

The Centre has developed tools to collect information about engagement, satisfaction and knowledge uptake. As part of the implementation of the Cycle, these tools will be administered regularly at critical points in the fiscal year to ensure that performance information supports management review of the Plan's priorities and activities. This approach is consistent with PHAC's new Performance Measurement Framework in the revised Program Alignment Architecture and will serve formal reporting requirements such as the Departmental Performance Report.

PERFORMANCE MEASUREMENT TOOL/METHOD	DESCRIPTION
Satisfaction Tool	Used to collect, analyze and report on data regarding key targeted stakeholders' satisfaction with knowledge products. Tool assesses satisfaction with aspects such as content, format, legibility, timeliness and use of information. Stakeholder satisfaction can also be seen as an early indicator of other expected results, such as knowledge uptake.
Knowledge Uptake Tool(s)	Basket of tools that will be used to collect data on uptake and use of knowledge products by key targeted stakeholders (target audiences). Tools include enhanced citation analysis, stakeholder surveys, mix-methods case study (document review, website analysis, key informant interviews, bibliometrics).
Partner Engagement Tool	Used to assess progress towards establishing coordinated, collective action in relation to specific, priority issues over time. Methods include (a) a survey intended to collect key partners' perceptions of their engagement with CCDP as well as progress toward mobilizing and sustaining collective action, and (b) an outcome mapping that involves a document review of program materials to determine progress toward early outcomes over time.
Scan of Key Stakeholder Organizations	Periodic scans (of key Canadian stakeholder organizations) will identify the extent to which PHAC funded/disseminated chronic disease promising practices/interventions are used. These periodic scans will also identify the extent to which best practices disseminated through the Canadian Best Practices Portal are influencing key stakeholder organizations.
Measurement of Grants and Contributions	CCDP funded projects will measure and report on the extent to which they are able to reach their target audiences, to increase knowledge about healthy living and chronic disease prevention, and to positively influence behaviour in relation to the determinants of health. Each project will have to demonstrate its results using pre and post measures in order to demonstrate a change.
Document Review	Program Managers across the Centre will be responsible for maintaining comprehensive, up-to-date program documentation to support the document review process. Document review is the analysis of existing program documentation that is maintained to support the routine operations of a program. In the context of CCDP, this could include, stakeholder lists, key products produced and disseminated, performance measurement strategies, meeting minutes or Records of Decision, tombstone information on contribution agreements, Memoranda of Agreement or key partnerships, work plans, budgets.

HUMAN RESOURCES

The priorities and objectives presented in the CCDP Strategic Plan will only be delivered through the expertise, performance and commitment of our employees. It is critical to ensure that, as we move forward, we are recruiting, developing and retaining a workforce that has the knowledge, skills and competencies to deliver high quality results towards achieving the vision of the Centre now and in the future. Professional development will continue to be a priority and our recruitment will be targeted to fill key skills gaps and carried out with a view to the broader, longer-term needs of the organization.

GOVERNANCE

We will improve governance and accountability in the Centre by clarifying and communicating roles and responsibilities.

The **Branch Executive Committee** and the **Policy, Planning and Program Management Committee** will continue to be the mechanism for coordination and integration among ISHLCD program components and horizontal Branch priorities.

The Centre's **Senior Management Committee**, comprised of the Director General and Divisional Directors, is the key forum for decision-making on priorities and objectives and associated resources in the Centre.

The Senior Management Committee and Centre Managers meet monthly through the **Extended Senior Management Committee**. They will regularly review progress in implementing this Plan and determine where adjustments are necessary to ensure relevance with Agency and Branch priorities.

Centre Managers will continue to meet regularly through **Managers Forum** to ensure that integrated workplans reflecting Centre priorities are implemented.

The Agency's **Regional Offices** will support the Centre in meeting its priorities through clearly defined activities and commitments, as outlined in the CCDP-Agency Regional Office Agreement for 2013–14. The designated Regional Director and Centre Director will hold bi-monthly teleconferences, between themselves or delegated managers, to review the status of agreement projects and to share new developments that could impact the progress of the agreement.

ANNEX C

CENTRE FOR CHRONIC DISEASE PREVENTION ORGANIZATIONAL STRUCTURE

The **Director General's Office** provides leadership and management of the Centre. Within DGO, the **Prevention Guidelines Division** provides scientific support to the Canadian Task Force on Preventive Health Care, which is an external body of experts that develop guidelines for primary care practitioners with the goal of increasing information and knowledge about disease prevention. The Director General is supported by the Special Senior Advisor and the Senior Medical Advisor.

assessment of public health policy and programs. As part of the transformation of the surveillance function, they will be combined into a single **Surveillance and Analysis** division. This transformation is intended to support a modern, integrated approach to surveillance, one that increases the focus on upstream determinants and risk and protective factors and analysis, with the goal of producing timely and relevant surveillance information that drives public health action.

Centre for Chronic Disease Prevention:
A WHO Collaborating Centre



Currently, there are two surveillance divisions in the Centre, the **Chronic Disease Surveillance and Monitoring Division** and the **Health Surveillance and Epidemiology Division**, which conduct national surveillance on a wide range of chronic diseases and their risk and protective factors, maternal and child health, and injury to inform the development and

Taking an integrated, holistic view of chronic disease prevention and healthy living, the **Partnerships and Strategies Division** strategically uses targeted disease prevention investments to address the risks common to cancer, diabetes and cardiovascular diseases. The Division demonstrates federal leadership by facilitating innovative, multi-sectoral partnerships, to advance an integrated approach to chronic disease prevention and healthy living.

The **Interventions and Best Practices Division** identifies effective interventions to promote health and prevent chronic disease and injury, and also determines how best to share this knowledge with stakeholders. The Division works with partners on an intervention research agenda and to disseminate knowledge products using the latest technologies.

The **Executive Office** plays a foundational role in coordinating, developing and leading policy planning, reporting, performance measurement and corporate business for the Centre. The Office also serves as a focal point and coordinates the Centre's activities and obligations as a World Health Organization Collaborating Centre.

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